

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		10				
12		10				
13	1					
14						
15						
16						
17						
18						
19						
20		1				
21		1				
22		1				
23		1				
24		1				
25		12				
26		12				
27		1				
28		1				
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32		1				
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47						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	70					
TOTAL CLAIMS	72					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						